

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
EXAMINATION & LICENSING UNIT
MAIL CODE 401-4E
PO BOX 420
TRENTON, NJ 08625-0420

LICENSED OPERATOR IN CHARGE EMPLOYMENT NOTIFICATION FORM

SECTION I

Applicant Phone Numbers:

Home

Business

Emergency

Applicant Signature: _____

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Applicant's License No(s): _____

License Class(es): _____

Date: _____

SECTION II

Facility Name: _____

Facility Classification: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

County/Municipality: _____

ID Number (PW or NJPDES): _____

☐ This is a request to be the operator in charge at the above facility.

☐ This is notification that on _____ I shall no longer be the operator in charge at the above facility.
If you have checked this box, DO NOT complete Section III and IV of this form.

SECTION III

Your request to operate the above facility as the licensed operator in charge will be considered provided this form is complete in its entirety. NO ACTION WILL BE TAKEN IF DATA AND SIGNATURES ARE MISSING.

1. Have you been to the plant to evaluate the time required to operate the facility efficiently? ☐ Yes ☐ No
2. Hour(s) per week to be devoted to said operations by you? _____ By others? _____
3. Name(s) and number(s) of person responsible or available during your unavailability? (not required for VSWS class license)

Name

Phone No.

Name

Phone No.

SECTION IV

STATEMENT FROM REQUESTING FACILITY

Please be advised that the facility known as _____ will be utilizing the services of the above applicant as the licensed operator for their system with the following classification(s): _____. I acknowledge that _____ will be the person responsible during the unavailability of the applicant.

Signature (authorized representative of requesting facility)

Printed Name

Title

FOR OFFICE USE ONLY

To: Applicant
From: Examinations & Licensing Unit
Department of Environmental Protection

Ref. # _____

Date: _____

This request has been processed and the records updated accordingly. Any changes in this employment should be forwarded to this office at least two weeks prior to the job termination by completing another DEP-065 Licensed Operator In Charge Employment Notification Form. If you have any questions, please contact the Examinations & Licensing Unit at (609) 777-1013.